										Application or Docket Number				iber
PATENT APPLICATION FEE DETERMINATION RECOF Effective November 10, 1998							3D	(93,32			1/6			
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER THAN		
FOR NUMBER FILED NUMBER EXTRA							RATE	F	EE		RATE	FEE		
BA	SIC FEE								38	30.00	OR	,	760.00	
то	TAL CLAIMS		// minus 20=			*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS							Х39=		OR	X78=	/ -			
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=	/		
* If the difference in column 1 is less than zero, enter "0" in column 2							ال	TOTAL		OR	TOTAL	160		
Claims as amended - Part II								SMALL ENTITY			OTHER THAN OR SMALL ENTITY			
ENŤ A	6	(Colum CLAIF REMAIN AFTE AMENDE	MS NING ER		HIC NU PRE	UMN 2) SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	AI	DDI- DNAL		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* / -	7	Minus	N.	0	=		X\$ 9=			OR	X\$18=	
A MIEU	Independent	×	if	Minus	***	3	= /	ľ	X39=			OR	X78=	78,00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130=			OR	+260=		
								L	TOTA DDIT. FE	11		l	TOTAL ADDIT. FEE	1820
	(Column 1) (Column 2) (Column 3)							^	DDII. FE	E (		, ני	ADDIT: I CE	
ENT B	9	CLAII REMAII AFTE AMENDI	NING ER	0 %	NU PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
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AME	Independent FIRST PRESE	* 4	I OE MI	Minus	***	ALT CLAIRA	= /		X39=			<b>9</b> \$	¥78=	
	rinoi PRESE	MUNIAIIVN	OF WIL	)LIIPLE UEF		141 CLAIM			+130=		25	OR	+260=	
								L A	TOTA DDIT. FE			OR	TOTAL ADDIT. FEE	
L		(Colum				lumn 2)	(Column 3)							
AMENDMENT C		CLAII REMAII AFTE AMENDI	NING ER		NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
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AME	Independent	*		Minus	###		<u></u>		X39=			OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	1120	╫┈			+260=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+130= TOTA			OR	+260=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														
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## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 383876

## **Total Fee Calculation**

	Total ree Calculation													
	Fee Code	Total # Claims	Number Extra	X	Fee	Fec	=	Total						
	Sm./Lg.				Sm. Entity	Lg. Entit	y O							
Basic Filing Fee	201/101	1/2				1/60	)=							
Total Claims >20	203/103	-2	0 =	x			= .	•						
Independent Claims >3	202/102	.3	=	x		-	=							
Mult. Dep Claim Present	204/104						=							
Surcharge	205/105					130	. =							
English Translation	139						•							
TOTAL FEE CALCUL	ATION				•-									
Fees due upon filing	the application	ı:	•											
		2010	/ • •											

Total Filing Fees Due =

s 890.00

Less Filing Fees Submitted

BALANCE DUE

= \$ 890.00

Office of Initial Patent Examination